This message is from Ellen Pinnes and The Disability Coalition. You can contact Ellen at EPinnes@msn.com.

New Mexico's Medicaid managed care program, "Centennial Care", operates under a five-year federal "waiver" that will expire at the end of 2018 and must be renewed to continue after that date. The Human Services Department has released a concept paper explaining how it plans to change the program when it's renewed. This message summarizes some of the highlights of the proposal. If you'd like to review the full concept paper, it's available on the HSD website at http://www.hsd.state.nm.us/uploads/files/CC%202%200%20Concept%20Paper_FINAL.pdf.

The department will hold four public meetings (plus a tribal consultation) in June to explain the proposed changes and take public input, and is also accepting written comments. Dates and locations for the meetings and details on how to submit other comments are given at the end of this message. **Comments are due by July 15**.

Issues of Concern

* **Monthly premiums for people with incomes above the federal poverty level (FPL),** which this year is $12,060 for an individual and $24,600 for a household of four. Medicaid doesn't currently charge premiums (monthly charges for insurance coverage). Proposed amounts are $20/month for people with incomes 101-150% FPL, $30 for 151-200% FPL, and $40 for 201-250% FPL. Experience in other states has shown that even small premiums cause many people to drop off or not to enroll in Medicaid because they can't afford to pay. Although HSD says premiums would promote personal responsibility and reduce program costs by shifting those cost to recipients, savings to the state will come primarily from people losing coverage because they can't afford the premium.

* **Co-pays when services are received**. HSD has already asked for federal approval to add co-pays for many Medicaid recipients, and plans to continue those co-pays in the Centennial Care renewal. Co-pays are problematic because they discourage people from getting the services they need. And HSD's proposal to change to annual calculation of the cap on the amount of co-pays someone has to pay (no more than 5% of income) means that someone who uses services frequently – as many people with disabilities must do – might have to pay a very high percentage of their income in the first few months of the year before the cap on these charges kicks in.

* **Fees for missed appointments**. The department proposes to let providers charge fees when a recipient misses three or more appointments, but gives few details on how this would work. It appears that even when there's a good reason the appointment was missed (like the van not picking a person up as scheduled), it would be counted and could subject the person to a penalty. It's not clear how much the fee would be or what the consequences of not paying it would be.

* **Changes to covered benefits**. The proposals in the concept paper would:

** Reduce some benefits for adults (although it's not clear which ones) and eliminate others entirely because they're not used very much. The department specifically mentions habilitation services as one of the services to be eliminated.

** Drop EPSDT coverage for 19- and 20-year-olds, other than those considered "medically frail".

** Possibly drop the limited current coverage for dental and vision services for adults and allow people to purchase this coverage by paying an added premium.

** Limit costs of some services in the self-directed community benefit (SDCB) – related goods and services would be capped at $2,000/year, non-medical transportation at $1000, and specialized therapies such as acupuncture, chiropractic, hippotherapy and massage therapy at $2,000.

* **Eliminate retroactive eligibility** that covers medical bills for health care services received in the three months before a person applies for Medicaid. It's a long-standing rule of Medicaid that the program pays for services in the three months before applying for Medicaid – this protects individuals from medical debt and providers from unpaid bills. HSD justifies this change by claiming that it will begin "real-time" approvals of applications this year so retroactive eligibility won't be needed. However, retroactive coverage is for the three months before the date of application so it doesn't make any difference how quickly the eligibility determination is made.

* **Check income eligibility more frequently than once a year**. HSD would review the income of Medicaid enrollees every six months or even quarterly. This would lead to people losing coverage, which interferes with continuity of care and increases "churn" on and off the program as people's income rises and falls during the year. That means more administrative burden for HSD as people move on and off the program, plus loss of coverage for people who are deterred from reapplying for Medicaid after they're kicked off.

Positive elements of the proposal

* **Automatic renewal of eligibility for "nursing facility level of care" (NFLOC) in some cases**. NFLOC is the standard used to determine eligibility for home- and community-based services as well as facility care. We've argued to HSD for years that full annual reassessments of NFLOC for persons whose condition won't change or improve is personally burdensome for the individual and an unnecessary administrative burden for the state. We're pleased that the department has finally come to see that this change in procedure makes sense.

* **Increased focus on social factors that affect health**, such as housing, nutrition, etc. There's little detail on how this would actually work but HSD's recognition of the importance of addressing these issues is welcome.

* **Promoting use of peer support and community health workers**.

* **Increasing the number of hours of respite for caregivers of kids with special needs**, from the current 100 hours per year to 300 hours.

* **Providing a one-time $2,000 allowance for start-up goods** when a person moves to the self-directed community benefit (SDCB) from the agency-based model (ABCB), to cover things like a computer and printer that are needed to self-direct successfully.

* **Improving care for justice-involved individuals** by starting care coordination 30 days before the person is released from jail or prison, to ensure a smooth transition to care upon release. Many of these individuals have mental health or other chronic conditions and making sure they have prompt access to services upon release is important.

* **Streamlining income eligibility determinations** by using information already available to the state rather than putting the full burden on the individual to prove their income. This also will reduce administrative burdens for the state.

Opportunities for Public Input

Public meetings

- **Albuquerque: Wednesday, June 14, 2017,** 3:30 – 5:30 p.m.
  CNM Workforce Training Center (5600 Eagle Rock Ave. NE, Albuquerque, NM 87113)
- **Silver City: Monday, June 19, 2017,** 4:00 – 6:00 p.m.
  WNMU – GRC Auditorium (1000 W. College Ave., Silver City, NM 88061)
- **Farmington: Wednesday, June 21, 2017,** 4:30 – 6:30 p.m.
  Bonnie Dallas Senior Center (109 E. La Plata St., Farmington, NM 87401)
- **Roswell: Monday, June 26, 2017,** 4:30 – 6:30 p.m.
  Roswell Public Library (301 N. Pennsylvania Ave., Roswell, NM 88201)
- **Tribal Consultation: Albuquerque: Friday, June 23, 2017,** 9:00 a.m. – 12:00 p.m., Indian Pueblo Cultural Center (2401 12th Street NW, Albuquerque, NM 87104)

Submitting written comments to HSD

* **By email** to: PublicComment@state.nm.us

* **Through the department's website**: Go to the Centennial Care 2.0 section of the HSD website at http://www.hsd.state.nm.us/centennial-care-2-0.aspx and scroll down to the bottom of the page, where you'll find a form to fill out. You can also attach documents.

* **By mail** to:
Human Services Department
ATTN: HSD Public Comments
P.O. Box 2348
Santa Fe, NM 87504-2348

The deadline to submit comments on the concept paper and any other issues for HSD to consider in putting together its application for waiver renewal is July 15.